Is it There? And, if so, What is it?

Three Steps:
Baseline
Monitoring Efforts
Audits



Management's Role

- Risk identification and quantification
- Implementation of internal controls or other risk reducing measures
 - Internal controls to reduce risk, e.g. treatment plan tickler file
 - Don't do it anymore dismantle program
 - Give the responsibility over to someone else who can manage the risk better or is willing to take it on
- This is not QI or QA: do not mix these up
- Compliance looks and evaluates the results and effectiveness of management's efforts

Current business environment

- Stepped up efforts at federal level
- New direct relationship to Medicaid
- DMH: moving from is it there to what is there audits

Federal Focus: Fraud, Improper Payments, Quality of Care

- You cannot just look to see if a claim is "clean"
 - Conditions of participation
 - Quality of care
 - Medically necessary
 - Covered service
- You cannot keep money you shouldn't have even small amounts are a focus
- Corporate relationships are important contracts as well as implied relationships
- Employee relationships, loyalty and cooperation are critical
- Clients or families complaining about quality, services not provided but billed

Step I: Baseline Review of Medical Records – CEO's and CFO Roles

- Sample: 5 to 20 records
 - This is not an audit, it is a high level review
 - Make sure no one has access to them before they are pulled
 - Get a couple from each program at each site – make sure you are looking at enough doc records
 - Pick out a couple for each employee you believe may be a problem already
- This does not need to be fair!

- Structural Issues
 - Sections/tabs: are they there and are docs in right places
 - Face sheets
 - Filing up to date
 - Filing in date order
 - Can you find things easily

- General Qualitative Issues
 - Legibility
 - Documents all there? Releases? Intakes?
 - Could you find the ones you wanted?
 - Organized appropriately? Thinned?
 - Was the medical record room locked? Secured in some other way?
 - EMR's: appropriate security safeguards; internal audit functions; ease of use; etc.

Program Issues

- Assessments: good clinical assessment and diagnosis – how current? Updates in any? Changes in LOC without an update?
- Diagnosis matches tween MD and clinician?
- Diagnosis and assessment proves eligibility for services? Medical necessity case made?
- Treatment Plans: dates, signatures, content appropriate, services match, etc.

- Program Issues
 - Treatment Plans: individualized, change over time, enough meat? Progress Notes: include necessary content?
 - Progress Notes: relationship to treatment plan?
 - Do services documented match codes?
 - Do codes match billing for type of service and units of service?

- Program Issues
 - How long in treatment? Does this make sense?
 - Transfers to lower levels of care tried?
 - Have they been referred for meds?
 - Are they compliant with current treatment?
- This is not an exhaustive list. But this should not be an exhaustive review of the records.
- State of the union: risk areas, training needs
- Acknowledgement that good records require work and attention

Step II: How could this Happen? Monitoring Shortfalls

Monitoring:

- Usually on-going and the responsibility of management
- Detective controls within processes to route out those not complying
- Monitoring is less structured than auditing, usually completed by operations (used by compliance), form of on-going checking and reporting
- Tests the internal controls of the organization
- Tools:
 - Reports
 - Incidents
 - Management
 - Internal control measurements
 - Hotlines

Types of Internal Controls

- Preventive: passwords, pre-hire investigations, access to internal systems after leaving organization, etc.
- Detective: investigational controls such as internal monitoring, exit interviews, etc.
- Directive: policies and procedures
 - Does compliance pass on policies and procedures re: adequacy of internal controls?

Monitoring Results

- Make sure your monitoring efforts are producing information, not data.
 - Problems are identified through:
 - trending outcomes, looking for change or changes in patterns
 - determining efficacy of process
 - Focus on high risk areas –do not overwhelm
- Compliance with management needs to validate the monitoring process
 - Is the information being produced reliable?
 - Can it be duplicated?

Step III: Auditing

Sawyer:

- Auditing is a systematic process of <u>objectively</u> obtaining and evaluating evidence regarding assertions about economic actions and events to ascertain the <u>degree of correspondence between these assertions and established criteria</u> and <u>communicating</u> the results to interested users.
- Designed to test internal controls
- Are processes achieving objectives

Audits

- Characteristics of an audit:
 - Formal review
 - Need authority to audit –access to all necessary documents
 - Independent
 - Structured approach
 - Formally communicated report
 - More expensive than monitoring should be reserved for high risk areas or areas where monitoring is not effective or cannot be validated.
 - Often the cost is worth it in reduced risk, identification of revenue opportunities, potential reduction in costs, e.g. unnecessarily redundant systems.

Audit Process: A beginning and End

- Process requires:
 - Planning: in writing, research regulations, laws for outcomes expected and to design tools
 - Scope of audit work: what looking at? Involvement of attorney?
 - Audit notification: gamut from "This is what I need" to surprise visits
 - Introductory meeting: scope of project; assistance needed
 - Internal controls/testing: policies and procedures review and testing; record reviews

Statistical vs. Non-statistical Samples: Purpose

Statistical sampling may be appropriate to audit related to:

- Potential errors related to computers/systems
- Potential overpayments or issues for large populations

 John C. Falcetano, CHC, CIA, HCCA Fraud and Abuse Conference, Sept 07 Non-statistical sampling may be appropriate to audit related to:

 Potential errors that may be isolated in one area, i.e., departments, coders, etc.

Developing an Auditing and Monitoring Plan

- Work from your baseline and other government documents
 - Focus on high risk areas and then work down
 - Always consider the impact of new rules –both external and internal – on increased risk
- Don't over-spend your resources longevity is the goal

What is enough?

- Assumptions: you must still run the business operations will not shut down.
- You have limited resources.
- There is a sense of urgency.
- Do a baseline good content to show any auditor about intent.
- Start small and be consistent.
- Follow-up on everything.
- Assume there will be some osmosis of the compliance activities in other programs.
- Use deterrence the government does.
- Hope for an auditor like the one in Minnesota.

What is enough?

- o Is it there?
- Covered service and medically necessary?
- All conditions of payment met?

Thank You!

Additional resources or questions:

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